

Environmental Modifications and Adaptive Devices

CMH TCM Casefile Desk Aid

DISCLAIMER:

This checklist is a tool. Completion of this form does **NOT** insure compliance with State, Federal or other regulatory standards.

- ☐ **Child/Youth Name**
- ☐ **SID**
- ☐ **Brief EMAD Description**
- ☐ **Consultation with regional CMH Specialist if conformance with IAC parameters is questionable**
- ☐ **Signed Statement from Parent(s) / Legal Representatives that Family is NOT ABLE to bear the Financial Responsibility of the EMAD**
- ☐ **Listing of Community Resources Contacted to Fund EMAD and Outcome of Each Contact**
- ☐ **IDT MH Professional's Assessment that EMAD is Medically Necessary and Directly Related to the Child/Youth's SED Diagnosis**
- ☐ **Copy of Bid**
- ☐ **Copy of Contractor's Current Liability Insurance**
- ☐ **Copy of Contractor's Workers' Compensation Insurance**
- ☐ **Total Amount Allocated To EMAD**
- ☐ **EMAD Tracking Tool**
- ☐ **Projected Completion Date**
 - This is the date entered into ISIS for initial service plan approval.
 - If the completion date is delayed, update ISIS to reflect the revised completion date.

Important PRIOR to the completion date recorded in ISIS

- ☐ **Formal Acknowledgement by Child/Youth Legal Representative that EMAD was Completed Satisfactorily in Accordance with Terms Specified in Bid**